



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017.

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED
 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIV.
 2017 MAY 26 AM 9:02

1. Entity ID Number <u>00572720</u>		2. Exact name of the Corporation <u>LOG IN ENTERTAINER INC</u>	
3. Principal Office Address <u>61 CENTRAL STREET</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>
		Zip <u>02863</u>	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island <u>BAR/ENTERTAINER</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JOSE LIMA</u>		Vice-President Name <u>JL</u>	
Street Address <u>59 CENTRAL STREET</u>		Street Address	
City <u>CENTRAL FALLS</u>	State <u>RI</u>	City	State
Zip <u>02863</u>		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative <u>JOSE LIMA</u>		Date <u>5-26-17</u>	
Signature of Authorized Representative <i>[Signature]</i>		SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY

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